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CENTRAL FAX CENTERIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DEC 20 2004

APPLICANT:	JUDITH C. ESPEJO ET AL.)	
SERIAL NO.:	09/749,837)	ART UNIT:
FILED:	December 28, 2000)	2681
FOR:	PRE-PAID WIRELESS)	EXAMINER:
	INTERACTIVE VOICE RESPONSE)	Gary,
	SYSTEM)	Erika A.

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Sheila Smedick

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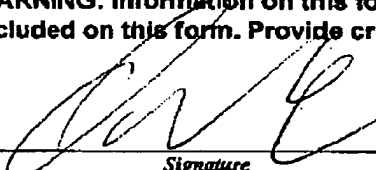
AMENDMENT

Applicants respectfully request entry of the following amendment and remarks
contained herein in response to the final Office Action mailed August 19, 2004.

Applicants respectfully submit that the amendments and remarks contained herein place
the application in condition for allowance.

00157
BLL-0207

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 00157 (BLI-0207)	
Applicant(s): JUDITH C. ESPEJO ET AL					
Application No. 09/749,837	Filing Date December 28, 2000	Examiner Erika A. Gary	Customer No. 36192	Group Art Unit 2681	Confirmation No. 5211 RECEIVED
Invention: PRE-PAID WIRELESS INTERACTIVE VOICE RESPONSE SYSTEM					CENTRAL FAX CENTER DEC 20 2004
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="margin-left: 20px;"><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 40%;"> _____ Signature</div><div style="width: 50%; text-align: right;">Dated: December 20, 2004</div></div> <div style="margin-top: 20px;">David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192</div>					
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">_____ Signature of Person Mailing Correspondence</div> <div style="border: 1px solid black; padding: 5px;">_____ Typed or Printed Name of Person Mailing Correspondence</div>					
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